

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

<b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission filers) 00062095	<b>2 PAGE #</b> 1 of 72								
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI Wendy ..... NICKNAME      LAST      SUFFIX Davis		<b>OFFICE USE ONLY</b>  Date Received    Date Hand-delivered or Date Postmarked   <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">Receipt #</td> <td style="border: none; width: 50%;">Amount</td> </tr> </table> Date Processed Date Imaged	Receipt #	Amount						
Receipt #	Amount										
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE P.O. Box 1039 Fort Worth, TX 76101										
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI Ralph ..... NICKNAME      LAST      SUFFIX McCloud										
<b>6 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE P.O. Box 1039 Fort Worth, TX 76101										
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION (817) 806-4440      0										
<b>8 REPORT TYPE</b>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)								
<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)								
<b>9 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year 01/01/2009      06/30/2009										
<b>10 ELECTION</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">           ELECTION DATE            Month      Day      Year         </td> <td colspan="3">           ELECTION TYPE  <input type="checkbox"/> Primary      <input type="checkbox"/> Runoff      <input type="checkbox"/> General      <input type="checkbox"/> Special         </td> </tr> </table>			ELECTION DATE Month      Day      Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special						
ELECTION DATE Month      Day      Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special										
<b>11 OFFICE</b>	OFFICE HELD (if any) State Senator District 10		<b>12 OFFICE SOUGHT (if known)</b>								
<b>13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	<p>.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..</p> <hr/> Name <hr/> Address/PO Box;      Apt. / Suite #;      City;      State;      Zip Code										

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH**  
**COVER SHEET PG 2**

**14 C/OH NAME** Davis, Wendy

**15 ACCOUNT #** (Ethics Commission filers)  
00062095

**16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

.. This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

**COMMITTEE TYPE**

COMMITTEE NAME

☐ **GENERAL**

COMMITTEE ADDRESS

☐ **SPECIFIC**

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

**17 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

2. **TOTAL POLITICAL CONTRIBUTIONS**  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

0.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

160.34

4. **TOTAL POLITICAL EXPENDITURES**

\$

242,529.02

**CONTRIBUTION  
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

139,389.65

**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

0.00

**18 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Wendy Davis

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 1/59 Report: 3/72

**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095**4** Date

01/19/2009

**5** Payee name

ADT

**7** Amount  
(\$)

\$133.62

**6** Payee address; City; State; Zip Code14200 East Exposition Ave  
Aurora, CO 80012**8** Purpose of payment (See instructions regarding type of information required.)

Alarm service

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

03/26/2009

Payee name

ADT

Amount  
(\$)

\$133.62

Payee address; City; State; Zip Code

14200 East Exposition Ave  
Aurora, CO 80012

Purpose of payment (See instructions regarding type of information required.)

Alarm service

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

02/25/2009

Payee name

AIDS Outreach Center

Amount  
(\$)

\$250.00

Payee address; City; State; Zip Code

801 W. Cannon St  
Fort Worth, TX 76104

Purpose of payment (See instructions regarding type of information required.)

Stop AIDS Leadership Project donation

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

06/01/2009

Payee name

Aleksander Gallery

Amount  
(\$)

\$259.80

Payee address; City; State; Zip Code

2303 West 11th Street  
Austin, TX 78703

Purpose of payment (See instructions regarding type of information required.)

Framing

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 2/59 Report: 4/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095**4** Date  
  
06/16/2009**5** Payee name  
Aleksander Gallery**6** Payee address; City; State; Zip Code  
2303 West 11th Street  
Austin, TX 78703**7** Amount  
(\$)  
  
\$319.34**8** Purpose of payment (See instructions regarding type of information required.)  
Framing(If travel outside of Texas, complete Schedule T) ☐**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

Payee name  
All Points Capital

01/09/2009

Payee address; City; State; Zip Code  
275 Broadhollow Rd  
Melville, NY 11747Amount  
(\$)  
  
\$1,363.29Purpose of payment (See instructions regarding type of information required.)  
Car lease(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

Payee name  
All Points Capital

02/20/2009

Payee address; City; State; Zip Code  
275 Broadhollow Rd  
Melville, NY 11747Amount  
(\$)  
  
\$1,363.29Purpose of payment (See instructions regarding type of information required.)  
Car lease(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

Payee name  
All Points Capital

03/26/2009

Payee address; City; State; Zip Code  
275 Broadhollow Rd  
Melville, NY 11747Amount  
(\$)  
  
\$1,363.29Purpose of payment (See instructions regarding type of information required.)  
Car lease(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 3/59 Report: 5/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095

<b>4</b> Date  04/23/2009	<b>5</b> Payee name All Points Capital  <b>6</b> Payee address; City; State; Zip Code 275 Broadhollow Rd Melville, NY 11747	<b>7</b> Amount (\$)  \$1,363.29
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**8** Purpose of payment (See instructions regarding type of information required.)  
Car lease**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  05/29/2009	Payee name All Points Capital Corp.  Payee address; City; State; Zip Code P.O. Box 3071 New York, NY 11802	Amount (\$)  \$1,363.29
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Purpose of payment (See instructions regarding type of information required.)  
Car lease\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  06/18/2009	Payee name All Points Capital Corp.  Payee address; City; State; Zip Code P.O. Box 3071 Melville, NY 11802	Amount (\$)  \$1,363.29
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Purpose of payment (See instructions regarding type of information required.)  
Car lease\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  01/15/2009	Payee name Allen, Devan  Payee address; City; State; Zip Code 1508 Arbor Town Circle Arlington, TX 76004	Amount (\$)  \$461.77
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Purpose of payment (See instructions regarding type of information required.)  
Salary\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 4/59 Report: 6/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095

<b>4</b> Date  01/29/2009	<b>5</b> Payee name Allen, Devan  <b>6</b> Payee address; City; State; Zip Code 1508 Arbor Town Circle Arlington, TX 76004	<b>7</b> Amount (\$)  \$923.50
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**8** Purpose of payment (See instructions regarding type of information required.)  
Salary**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  03/01/2009	Payee name Allen, Devan  Payee address; City; State; Zip Code 1508 Arbor Town Circle Arlington, TX 76004	Amount (\$)  \$923.50
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Purpose of payment (See instructions regarding type of information required.)  
Salary\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  04/01/2009	Payee name Allen, Devan  Payee address; City; State; Zip Code 1508 Arbor Town Circle Arlington, TX 76004	Amount (\$)  \$923.50
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Purpose of payment (See instructions regarding type of information required.)  
Salary\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  04/23/2009	Payee name Allen, Devan  Payee address; City; State; Zip Code 1508 Arbor Town Circle Arlington, TX 76004	Amount (\$)  \$923.50
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Purpose of payment (See instructions regarding type of information required.)  
Salary\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 5/59 Report: 7/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095

<b>4</b> Date  05/29/2009	<b>5</b> Payee name Allen, Devan  <b>6</b> Payee address; City; State; Zip Code 1508 Arbor Town Circle Arlington, TX 76004	<b>7</b> Amount (\$)  \$923.50
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**8** Purpose of payment (See instructions regarding type of information required.)  
Salary**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  06/26/2009	Payee name Allen, Devan  Payee address; City; State; Zip Code 1508 Arbor Town Circle Arlington, TX 76004	Amount (\$)  \$923.50
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Purpose of payment (See instructions regarding type of information required.)  
Salary\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  04/28/2009	Payee name Angle Mastagni Mathews Political Strategies  Payee address; City; State; Zip Code 2600 East Southlake Blvd Suite 120 Southlake, TX 76092	Amount (\$)  \$9,893.22
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Purpose of payment (See instructions regarding type of information required.)  
Robo phonecalls for Town Hall meetings\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  06/05/2009	Payee name Arlington Chamber of Commerce  Payee address; City; State; Zip Code 505 E. Border Street Fort Worth, TX 76010	Amount (\$)  \$100.00
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Purpose of payment (See instructions regarding type of information required.)  
Legislative luncheon tickets\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 6/59 Report: 8/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095

<b>4</b> Date  04/23/2009	<b>5</b> Payee name Arlington ISD  <b>6</b> Payee address; City; State; Zip Code 1200 West Arkansas Ln Arlington, TX 76013	<b>7</b> Amount (\$)  \$180.00
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**8** Purpose of payment (See instructions regarding type of information required.)  
Hall rental fee**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  03/23/2009	Payee name AT&T  Payee address; City; State; Zip Code 1801 Valley View Ln Dallas, TX 75254	Amount (\$)  \$291.76
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Purpose of payment (See instructions regarding type of information required.)  
Cell phone service\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  06/03/2009	Payee name AT&T  Payee address; City; State; Zip Code 1801 Valley View Ln Dallas, TX 75254	Amount (\$)  \$146.57
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Purpose of payment (See instructions regarding type of information required.)  
Telephone service\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  04/24/2009	Payee name Atlas Solar-Tex  Payee address; City; State; Zip Code PO Box 304 Joshua, TX 76058	Amount (\$)  \$2,460.00
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Purpose of payment (See instructions regarding type of information required.)  
District office roller blinds\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 7/59 Report: 9/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095

<b>4</b> Date  01/09/2009	<b>5</b> Payee name Atmos Energy  <b>6</b> Payee address; City; State; Zip Code PO Box 78108 Phoenix, AZ 85062	<b>7</b> Amount (\$)  \$191.52
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**8** Purpose of payment (See instructions regarding type of information required.)  
Utilities**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  02/16/2009	Payee name Atmos Energy  Payee address; City; State; Zip Code PO Box 78108 Phoenix, AZ 85062	Amount (\$)  \$145.78
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Purpose of payment (See instructions regarding type of information required.)  
Utilities\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  06/04/2009	Payee name Austins Pizza  Payee address; City; State; Zip Code 800 West 12th Street Austin, TX 78701	Amount (\$)  \$67.35
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Purpose of payment (See instructions regarding type of information required.)  
Staff food and beverage\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  03/19/2009	Payee name Bennett Petts & Normington  Payee address; City; State; Zip Code 1010 Wisconsin Avenue Northwest Suite 208 Washington, DC 20007	Amount (\$)  \$18,600.00
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Purpose of payment (See instructions regarding type of information required.)  
Polling\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 8/59 Report: 10/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095

<b>4</b> Date  02/04/2009	<b>5</b> Payee name Best Buy  <b>6</b> Payee address; City; State; Zip Code 12901 N IH 35 Unit 1100 Austin, TX 78735	<b>7</b> Amount (\$)  \$995.86
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**8** Purpose of payment (See instructions regarding type of information required.)  
Campaign computer and printer**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  01/06/2009	Payee name Blackman/Amcheck Payroll Services  Payee address; City; State; Zip Code 10201 South 51st Street Phoenix, AZ 85044	Amount (\$)  \$1,912.11
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Purpose of payment (See instructions regarding type of information required.)  
Payroll taxes\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  01/16/2009	Payee name Blackman/Amcheck Payroll Services  Payee address; City; State; Zip Code 10201 South 51st Street Phoenix, AZ 85044	Amount (\$)  \$208.56
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Purpose of payment (See instructions regarding type of information required.)  
Payroll fees\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  01/16/2009	Payee name Blackman/Amcheck Payroll Services  Payee address; City; State; Zip Code 10201 South 51st Street Phoenix, AZ 85044	Amount (\$)  \$1,318.07
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Purpose of payment (See instructions regarding type of information required.)  
Payroll taxes\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 9/59 Report: 11/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095

<b>4</b> Date  01/30/2009	<b>5</b> Payee name Blackman/Amcheck Payroll Services  <b>6</b> Payee address; City; State; Zip Code 10201 South 51st Street Phoenix, AZ 85044	<b>7</b> Amount (\$)  \$3,807.44
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**8** Purpose of payment (See instructions regarding type of information required.)  
Payroll taxes**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  02/02/2009	Payee name Blackman/Amcheck Payroll Services  Payee address; City; State; Zip Code 10201 South 51st Street Phoenix, AZ 85044	Amount (\$)  \$154.35
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.)  
Payroll fees\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  03/03/2009	Payee name Blackman/Amcheck Payroll Services  Payee address; City; State; Zip Code 10201 South 51st Street Phoenix, AZ 85044	Amount (\$)  \$2,219.11
------------------------	---	----------------------------------

Purpose of payment (See instructions regarding type of information required.)  
Payroll taxes\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  03/06/2009	Payee name Blackman/Amcheck Payroll Services  Payee address; City; State; Zip Code 10201 South 51st Street Phoenix, AZ 85044	Amount (\$)  \$147.65
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Purpose of payment (See instructions regarding type of information required.)  
Payroll fees\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 10/59 Report: 12/72

**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095**4** Date

03/31/2009

**5** Payee name

Blackman/Amcheck Payroll Services

**7**Amount  
(\$)

\$2,194.09

**6** Payee address; City; State; Zip Code10201 South 51st Street  
Phoenix, AZ 85044**8** Purpose of payment (See instructions regarding type of information required.)

Payroll taxes

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

04/03/2009

Payee name

Blackman/Amcheck Payroll Services

Amount  
(\$)

\$142.36

Payee address; City; State; Zip Code

10201 South 51st Street  
Phoenix, AZ 85044

Purpose of payment (See instructions regarding type of information required.)

Payroll fees

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

04/30/2009

Payee name

Blackman/Amcheck Payroll Services

Amount  
(\$)

\$2,101.49

Payee address; City; State; Zip Code

10201 South 51st Street  
Phoenix, AZ 85044

Purpose of payment (See instructions regarding type of information required.)

Payroll taxes

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

05/01/2009

Payee name

Blackman/Amcheck Payroll Services

Amount  
(\$)

\$148.11

Payee address; City; State; Zip Code

10201 South 51st Street  
Phoenix, AZ 85044

Purpose of payment (See instructions regarding type of information required.)

Payroll fees

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 11/59 Report: 13/72

**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095**4** Date

05/04/2009

**5** Payee name

Blackman/Amcheck Payroll Services

**7**Amount  
(\$)

\$25.00

**6** Payee address; City; State; Zip Code10201 South 51st Street  
Phoenix, AZ 85044**8** Purpose of payment (See instructions regarding type of information required.)

Payroll fees

(If travel outside of Texas, complete Schedule T) ☐**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

Date

06/01/2009

Payee name

Blackman/Amcheck Payroll Services

Amount  
(\$)

\$2,071.84

Payee address; City; State; Zip Code

10201 South 51st Street  
Phoenix, AZ 85044

Purpose of payment (See instructions regarding type of information required.)

Payroll taxes

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

Date

06/03/2009

Payee name

Blackman/Amcheck Payroll Services

Amount  
(\$)

\$148.11

Payee address; City; State; Zip Code

10201 South 51st Street  
Phoenix, AZ 85044

Purpose of payment (See instructions regarding type of information required.)

Payroll fees

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

Date

01/15/2009

Payee name

Boswell, Charles

Amount  
(\$)

\$452.02

Payee address; City; State; Zip Code

PO Box 17632  
Fort Worth, TX 76102

Purpose of payment (See instructions regarding type of information required.)

Salary

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 12/59 Report: 14/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095

<b>4</b> Date  01/29/2009	<b>5</b> Payee name Boswell, Charles	<b>7</b> Amount (\$)  \$913.75
<b>6</b> Payee address; City; State; Zip Code PO Box 17632 Fort Worth, TX 76102		

**8** Purpose of payment (See instructions regarding type of information required.)  
Salary**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  03/01/2009	Payee name Boswell, Charles	Amount (\$)  \$913.75
Payee address; City; State; Zip Code PO Box 17632 Fort Worth, TX 76102		

Purpose of payment (See instructions regarding type of information required.)  
Salary\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  04/01/2009	Payee name Boswell, Charles	Amount (\$)  \$913.75
Payee address; City; State; Zip Code PO Box 17632 Fort Worth, TX 76102		

Purpose of payment (See instructions regarding type of information required.)  
Salary\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  04/23/2009	Payee name Boswell, Charles	Amount (\$)  \$913.75
Payee address; City; State; Zip Code PO Box 17632 Fort Worth, TX 76102		

Purpose of payment (See instructions regarding type of information required.)  
Salary\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 13/59 Report: 15/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095**4** Date  
  
05/29/2009**5** Payee name  
Boswell, Charles  
  
**6** Payee address; City; State; Zip Code  
PO Box 17632  
Fort Worth, TX 76102**7** Amount  
(\$)  
  
\$913.75**8** Purpose of payment (See instructions regarding type of information required.)  
Salary**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:Date  
  
06/26/2009Payee name  
Boswell, Charles  
  
Payee address; City; State; Zip Code  
PO Box 17632  
Fort Worth, TX 76102Amount  
(\$)  
  
\$913.75Purpose of payment (See instructions regarding type of information required.)  
Salary\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:Date  
  
03/31/2009Payee name  
Boys and Girls Club of Alrington  
  
Payee address; City; State; Zip Code  
2001 Van Buren Dr  
Arlington, TX 76011Amount  
(\$)  
  
\$100.00Purpose of payment (See instructions regarding type of information required.)  
Donation\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:Date  
  
04/15/2009Payee name  
Breakthrough Fort Worth  
  
Payee address; City; State; Zip Code  
4200 Country Day Lane  
Fort Worth, TX 76109Amount  
(\$)  
  
\$1,000.00Purpose of payment (See instructions regarding type of information required.)  
Sponsorship donation\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 14/59 Report: 16/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095**4** Date  
  
04/23/2009**5** Payee name  
Burleson ISD  
  
**6** Payee address; City; State; Zip Code  
1160 SW Wilshire Blvd  
Burleson, TX 76028**7** Amount  
(\$)  
  
\$52.50**8** Purpose of payment (See instructions regarding type of information required.)  
Hall rental fee(If travel outside of Texas, complete Schedule T) ☐**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:Date  
  
06/16/2009Payee name  
CASA of Tarrant County  
  
Payee address; City; State; Zip Code  
PO Box 3275  
Fort Worth, TX 76113Amount  
(\$)  
  
\$250.00Purpose of payment (See instructions regarding type of information required.)  
Donation(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:Date  
  
04/02/2009Payee name  
Cassata High School  
  
Payee address; City; State; Zip Code  
1400 Hemphill St  
Fort Worth, TX 76104Amount  
(\$)  
  
\$1,000.00Purpose of payment (See instructions regarding type of information required.)  
Donation for benefit(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:Date  
  
02/02/2009Payee name  
Cbeyond  
  
Payee address; City; State; Zip Code  
PO Box 848432  
Dallas, TX 75284Amount  
(\$)  
  
\$1,666.35Purpose of payment (See instructions regarding type of information required.)  
Internet/phones(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/59 Report: 17/72	
2 FILER NAME Davis, Wendy		3 ACCOUNT # (Ethics Commission filers) 00062095	
4 Date  03/26/2009	5 Payee name Cbeyond  6 Payee address; City; State; Zip Code PO Box 848432 Dallas, TX 75284	7 Amount (\$)  \$1,206.90	
8 Purpose of payment (See instructions regarding type of information required.) Internet/phones  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
Date  01/16/2009	Payee name Chevron  Payee address; City; State; Zip Code 400 South Congress Avenue Austin, TX 78704	Amount (\$)  \$115.42	
Purpose of payment (See instructions regarding type of information required.) Fuel  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
Date  05/04/2009	Payee name Cirkut Panoramic  Payee address; City; State; Zip Code PO Box 99 Hillsboro, WV 24946	Amount (\$)  \$395.00	
Purpose of payment (See instructions regarding type of information required.) Senate group portrait  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
Date  04/23/2009	Payee name Cirty of Fort Worth  Payee address; City; State; Zip Code 4200 South Freeway Suite 2645 Fort Worth, TX 76115	Amount (\$)  \$50.00	
Purpose of payment (See instructions regarding type of information required.) Alarm fee  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 16/59 Report: 18/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095

<b>4</b> Date  04/23/2009	<b>5</b> Payee name City of Fort Worth  <b>6</b> Payee address; City; State; Zip Code 1000 Throckmorton St Fort Worth, TX 76102	<b>7</b> Amount (\$)  \$50.00
---------------------------------	--	-------------------------------------

**8** Purpose of payment (See instructions regarding type of information required.)  
Alarm fee**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  01/09/2009	Payee name Civic Strategies  Payee address; City; State; Zip Code 1201 West Park Row Drive Arlington, TX 76013	Amount (\$)  \$500.00
------------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.)  
Event catering\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  06/10/2009	Payee name Clay Jenkins for Dallas County Judge  Payee address; City; State; Zip Code PO Box 222285 Dallas, TX 75222	Amount (\$)  \$1,000.00
------------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.)  
Contribution\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  01/19/2009	Payee name Conner, Sabrina  Payee address; City; State; Zip Code 4121 Longmeadow Way Fort Worth, TX 76133	Amount (\$)  \$109.62
------------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.)  
Mileage reimbursement\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 17/59 Report: 19/72

**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095**4** Date

05/07/2009

**5** Payee name

Crowley Area Chamber of Commerce

**7**Amount  
(\$)

\$165.00

**6** Payee address; City; State; Zip Code200 E Main St. Unit D  
Crowley, TX 76036**8** Purpose of payment (See instructions regarding type of information required.)

Membership dues

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

01/19/2009

Payee name

Culligan

Amount  
(\$)

\$98.72

Payee address; City; State; Zip Code

NW 5120 P.O. Box 1450  
Minneapolis, MN 55485

Purpose of payment (See instructions regarding type of information required.)

District office water service

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

02/18/2009

Payee name

Culligan

Amount  
(\$)

\$30.23

Payee address; City; State; Zip Code

NW 5120 P.O. Box 1450  
Minneapolis, MN 55485

Purpose of payment (See instructions regarding type of information required.)

District office water service

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

04/23/2009

Payee name

Culligan

Amount  
(\$)

\$31.48

Payee address; City; State; Zip Code

NW 5120 P.O. Box 1450  
Minneapolis, MN 55485

Purpose of payment (See instructions regarding type of information required.)

District office water service

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 18/59 Report: 20/72

**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095**4** Date

05/18/2009

**5** Payee name

Culligan

**7** Amount  
(\$)

\$19.48

**6** Payee address; City; State; Zip CodeNW 5120 P.O. Box 1450  
Minneapolis, MN 55485**8** Purpose of payment (See instructions regarding type of information required.)

District office water service

(If travel outside of Texas, complete Schedule T) ☐**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

Date

06/18/2009

Payee name

Culligan

Amount  
(\$)

\$32.98

Payee address; City; State; Zip Code

NW 5120 P.O. Box 1450  
Minneapolis, MN 55485

Purpose of payment (See instructions regarding type of information required.)

District office water service

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

Date

01/09/2009

Payee name

Dan Dipert Tours

Amount  
(\$)

\$3,200.00

Payee address; City; State; Zip Code

7301 West Pioneer Parkway  
Arlington, TX 76013

Purpose of payment (See instructions regarding type of information required.)

Bus rental

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

Date

01/28/2009

Payee name

Davis, Wendy

Amount  
(\$)

\$8,455.93

Payee address; City; State; Zip Code

2737 Calder Court  
Fort Worth, TX 76107

Purpose of payment (See instructions regarding type of information required.)

Reimbursement for Schedule G expenses (1/1/08 - 6/30/08)

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 19/59 Report: 21/72

**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095**4** Date

01/28/2009

**5** Payee name

Davis, Wendy

**7**Amount  
(\$)

\$2,890.61

**6** Payee address; City; State; Zip Code2737 Calder Court  
Fort Worth, TX 76107**8** Purpose of payment (See instructions regarding type of information required.)

Reimbursement for Schedule G expenses (7/1/08 - 9/25/08)

(If travel outside of Texas, complete Schedule T) ☐**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

Date

01/28/2009

Payee name

Davis, Wendy

Amount  
(\$)

\$29,137.07

Payee address; City; State; Zip Code

2737 Calder Court  
Fort Worth, TX 76107

Purpose of payment (See instructions regarding type of information required.)

Reimbursement for Schedule G expenses (10/26/08 - 12/31/08)

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

Date

01/28/2009

Payee name

Davis, Wendy

Amount  
(\$)

\$2,118.49

Payee address; City; State; Zip Code

2737 Calder Court  
Fort Worth, TX 76107

Purpose of payment (See instructions regarding type of information required.)

Reimbursement for Schedule G expenses (9/26/08 - 10/25/08)

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

Date

06/04/2009

Payee name

DonorsChoose.org

Amount  
(\$)

\$100.00

Payee address; City; State; Zip Code

347 West 36th Street Suite 503  
New York, NY 10018

Purpose of payment (See instructions regarding type of information required.)

Donation for school

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 20/59 Report: 22/72

**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095**4** Date

04/08/2009

**5** Payee name

Fairmount Neighborhood Association

**7**Amount  
(\$)

\$200.00

**6** Payee address; City; State; Zip Code2248 5th Ave  
Fort Worth, TX 76110**8** Purpose of payment (See instructions regarding type of information required.)

Advertisement in Historic Home Tour brochure

(If travel outside of Texas, complete Schedule T) ☐**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

Date

04/23/2009

Payee name

Fed Ex

Amount  
(\$)

\$48.60

Payee address; City; State; Zip Code

1400 East Copeland Road  
Fort Worth, TX 76011

Purpose of payment (See instructions regarding type of information required.)

Supplies for Town Hall meeting

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

Date

06/07/2009

Payee name

FedEx Office

Amount  
(\$)

\$20.00

Payee address; City; State; Zip Code

1400 E. Copeland Road  
Fort Worth, TX 76011

Purpose of payment (See instructions regarding type of information required.)

Copies

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

Date

06/04/2009

Payee name

Flower Studio

Amount  
(\$)

\$90.00

Payee address; City; State; Zip Code

1406 West 6th Street  
Austin, TX 78703

Purpose of payment (See instructions regarding type of information required.)

Gift

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 21/59 Report: 23/72

**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095**4** Date

05/27/2009

**5** Payee name

Fort Worth Chamber of Commerce

**7**Amount  
(\$)

\$100.00

**6** Payee address; City; State; Zip Code777 Taylor Street  
Fort Worth, TX 76102**8** Purpose of payment (See instructions regarding type of information required.)

Annual meeting tickets

(If travel outside of Texas, complete Schedule T) ☐**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

Date

05/25/2009

Payee name

Gary Patterson Foundation

Amount  
(\$)

\$300.00

Payee address; City; State; Zip Code

P.O. Box 101852  
Fort Worth, TX 76185

Purpose of payment (See instructions regarding type of information required.)

Benefit tickets

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

Date

05/27/2009

Payee name

Grapevine-Colleyville Education Foundation

Amount  
(\$)

\$1,000.00

Payee address; City; State; Zip Code

P.O. Box 282  
Grapevine, TX 76099

Purpose of payment (See instructions regarding type of information required.)

Academic Recognition Banquet sponsorship donation

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

Date

01/15/2009

Payee name

Grogg, Sonya

Amount  
(\$)

\$1,190.46

Payee address; City; State; Zip Code

127 East Riverside Dr Apt 514  
Austin, TX 78704

Purpose of payment (See instructions regarding type of information required.)

Salary

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 22/59 Report: 24/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095**4** Date  
  
01/29/2009**5** Payee name  
Grogg, Sonya  
  
**6** Payee address; City; State; Zip Code  
127 East Riverside Dr Apt 514  
Austin, TX 78704**7** Amount  
(\$)  
  
\$876.67**8** Purpose of payment (See instructions regarding type of information required.)  
Salary**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date

Payee name  
Grogg, SonyaAmount  
(\$)

03/01/2009

Payee address; City; State; Zip Code  
127 East Riverside Dr Apt 514  
Austin, TX 78704

\$876.67

Purpose of payment (See instructions regarding type of information required.)  
Salary\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date

Payee name  
Grogg, SonyaAmount  
(\$)

04/01/2009

Payee address; City; State; Zip Code  
127 East Riverside Dr Apt 514  
Austin, TX 78704

\$876.67

Purpose of payment (See instructions regarding type of information required.)  
Salary\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date

Payee name  
Grogg, SonyaAmount  
(\$)

04/23/2009

Payee address; City; State; Zip Code  
127 East Riverside Dr Apt 324  
Austin, TX 78704

\$876.67

Purpose of payment (See instructions regarding type of information required.)  
Salary\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 23/59 Report: 25/72

**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095**4** Date

05/29/2009

**5** Payee name

Grogg, Sonya

**7**Amount  
(\$)

\$876.67

**6** Payee address; City; State; Zip Code127 East Riverside Dr Apt 514  
Austin, TX 78704**8** Purpose of payment (See instructions regarding type of information required.)

Salary

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

06/26/2009

Payee name

Grogg, Sonya

Amount  
(\$)

\$876.67

Payee address; City; State; Zip Code

127 East Riverside Dr Apt 514  
Austin, TX 78704

Purpose of payment (See instructions regarding type of information required.)

Salary

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

01/14/2009

Payee name

HEB

Amount  
(\$)

\$25.84

Payee address; City; State; Zip Code

10710 Research Blvd Suite 200  
Austin, TX 78759

Purpose of payment (See instructions regarding type of information required.)

Office supplies

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

02/25/2009

Payee name

HEB

Amount  
(\$)

\$16.63

Payee address; City; State; Zip Code

10710 Research Blvd Suite 200  
Austin, TX 78759

Purpose of payment (See instructions regarding type of information required.)

Office supplies

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 24/59 Report: 26/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095

<b>4</b> Date  04/16/2009	<b>5</b> Payee name HEB  <b>6</b> Payee address; City; State; Zip Code 10710 Research Blvd Suite 200 Austin, TX 78759	<b>7</b> Amount (\$)  \$10.99
---------------------------------	--	-------------------------------------

**8** Purpose of payment (See instructions regarding type of information required.)  
Office supplies**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  01/26/2009	Payee name Hedgepeth, Jane  Payee address; City; State; Zip Code 1339 Bonham Terrace Austin, TX 78704	Amount (\$)  \$250.00
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Purpose of payment (See instructions regarding type of information required.)  
Reporting services\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  02/25/2009	Payee name Hedgepeth, Jane  Payee address; City; State; Zip Code 1339 Bonham Terrace Austin, TX 78704	Amount (\$)  \$250.00
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Purpose of payment (See instructions regarding type of information required.)  
Reporting services\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  04/15/2009	Payee name Hedgepeth, Jane  Payee address; City; State; Zip Code 1339 Bonham Terrace Austin, TX 78704	Amount (\$)  \$250.00
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Purpose of payment (See instructions regarding type of information required.)  
Reporting services\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 25/59 Report: 27/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095**4** Date  
  
05/21/2009**5** Payee name  
Hedgepeth, Jane**6** Payee address; City; State; Zip Code  
1339 Bonham Terrace  
Austin, TX 78704**7** Amount  
(\$)  
  
\$500.00**8** Purpose of payment (See instructions regarding type of information required.)  
Reporting services(If travel outside of Texas, complete Schedule T) ☐**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

Payee name  
Hicks, Max Renea

01/19/2009

Payee address; City; State; Zip Code  
101 West 6th Street Suite 504  
Austin, TX 78701Amount  
(\$)  
  
\$3,888.02Purpose of payment (See instructions regarding type of information required.)  
Legal services(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

Payee name  
Hicks, Max Renea

02/04/2009

Payee address; City; State; Zip Code  
101 W. 6th St. Ste. 504  
Austin, TX 78701Amount  
(\$)  
  
\$82.92Purpose of payment (See instructions regarding type of information required.)  
Legal services(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

Payee name  
Innocence Project of Texas

05/20/2009

Payee address; City; State; Zip Code  
1511 Texas Ave.  
Lubbock, TX 79401Amount  
(\$)  
  
\$1,000.00Purpose of payment (See instructions regarding type of information required.)  
Donation(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 26/59 Report: 28/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095

<b>4</b> Date  01/30/2009	<b>5</b> Payee name IRS  <b>6</b> Payee address; City; State; Zip Code 3651 S IH 35 Austin, TX 78741	<b>7</b> Amount (\$)  \$652.75
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**8** Purpose of payment (See instructions regarding type of information required.)  
Employment taxes**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  03/16/2009	Payee name IRS  Payee address; City; State; Zip Code 3651 S IH 35 Austin, TX 78741	Amount (\$)  \$1,900.72
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Purpose of payment (See instructions regarding type of information required.)  
Campaign fund income taxes\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  04/27/2009	Payee name Jim Irwin Florists  Payee address; City; State; Zip Code 3801 Camp Bowie Blvd Fort Worth, TX 76107	Amount (\$)  \$100.00
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Purpose of payment (See instructions regarding type of information required.)  
Flowers for constituent\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  03/01/2009	Payee name Johnson, Jay  Payee address; City; State; Zip Code 4320 Avenue G Fort Worth, TX 76105	Amount (\$)  \$738.80
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Purpose of payment (See instructions regarding type of information required.)  
Salary\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 27/59 Report: 29/72
<b>2</b> FILER NAME    Davis, Wendy		<b>3</b> ACCOUNT #    (Ethics Commission filers) 00062095

  

<b>4</b> Date  04/01/2009	<b>5</b> Payee name Johnson, Jay  <hr style="border-top: 1px dotted black;"/> <b>6</b> Payee address;                      City;    State;    Zip Code 4320 Avenue G Fort Worth, TX 76105	<b>7</b> Amount (\$)  \$738.80
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Salary  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

  

Date  04/23/2009	Payee name Johnson, Jay  <hr style="border-top: 1px dotted black;"/> Payee address;                      City;    State;    Zip Code 4320 Avenue G Fort Worth, TX 76105	Amount (\$)  \$738.80
Purpose of payment (See instructions regarding type of information required.) Salary  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

  

Date  05/29/2009	Payee name Johnson, Jay  <hr style="border-top: 1px dotted black;"/> Payee address;                      City;    State;    Zip Code 4320 Avenue G Fort Worth, TX 76105	Amount (\$)  \$738.80
Purpose of payment (See instructions regarding type of information required.) Salary  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

  

Date  04/24/2009	Payee name Jubilee Theatre  <hr style="border-top: 1px dotted black;"/> Payee address;                      City;    State;    Zip Code 506 Main St Fort Worth, TX 76102	Amount (\$)  \$250.00
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 28/59 Report: 30/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095

<b>4</b> Date  02/25/2009	<b>5</b> Payee name Kathleen Hicks Campaign  <b>6</b> Payee address; City; State; Zip Code P.O. Box 15921 Fort Worth, TX 76119	<b>7</b> Amount (\$)  \$1,000.00
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**8** Purpose of payment (See instructions regarding type of information required.)  
Contribution**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  04/16/2009	Payee name Kennedale Chamber of Commerce  Payee address; City; State; Zip Code 201 South New Hope Rd Kennedale, TX 76060	Amount (\$)  \$250.00
------------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.)  
Health Expo sponsorship donation\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  05/29/2009	Payee name Kennedale Chamber of Commerce  Payee address; City; State; Zip Code P.O. Box 1552 Kennedale, TX 76060	Amount (\$)  \$99.00
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Purpose of payment (See instructions regarding type of information required.)  
Membership dues\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  01/15/2009	Payee name Leavitt, Stephanie  Payee address; City; State; Zip Code 11316 Jollyville Rd Unit 191 Austin, TX 78759	Amount (\$)  \$452.02
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Purpose of payment (See instructions regarding type of information required.)  
Salary\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 29/59 Report: 31/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095

<b>4</b> Date  01/29/2009	<b>5</b> Payee name Leavitt, Stephanie  <b>6</b> Payee address; City; State; Zip Code 11316 Jollyville Rd Unit 191 Austin, TX 78759	<b>7</b> Amount (\$)  \$913.75
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) Salary  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  03/01/2009	Payee name Leavitt, Stephanie  Payee address; City; State; Zip Code 11316 Jollyville Rd Unit 191 Austin, TX 78759	Amount (\$)  \$913.75
------------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Salary  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  04/01/2009	Payee name Leavitt, Stephanie  Payee address; City; State; Zip Code 11316 Jollyville Rd Unit 191 Austin, TX 78759	Amount (\$)  \$913.75
------------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Salary  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  04/23/2009	Payee name Leavitt, Stephanie  Payee address; City; State; Zip Code 11316 Jollyville Rd Unit 191 Austin, TX 78759	Amount (\$)  \$913.75
------------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Salary  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 30/59 Report: 32/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095

<b>4</b> Date  05/29/2009	<b>5</b> Payee name Leavitt, Stephanie  <b>6</b> Payee address; City; State; Zip Code 11316 Jollyville Rd Unit 191 Austin, TX 78759	<b>7</b> Amount (\$)  \$913.75
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**8** Purpose of payment (See instructions regarding type of information required.)  
Salary**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  06/26/2009	Payee name Leavitt, Stephanie  Payee address; City; State; Zip Code 11316 Jollyville Rd Unit 191 Austin, TX 78759	Amount (\$)  \$913.75
------------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.)  
Salary\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  01/07/2009	Payee name Lyden, Peter  Payee address; City; State; Zip Code 6820 Savannah Ln Fort Worth, TX 76132	Amount (\$)  \$3,635.48
------------------------	--	-------------------------------

Purpose of payment (See instructions regarding type of information required.)  
Campaign office rent\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  03/04/2009	Payee name Maid at your Service  Payee address; City; State; Zip Code 801 West 5th St Austin, TX 78703	Amount (\$)  \$240.00
------------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.)  
Cleaning services\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 31/59 Report: 33/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095

<b>4</b> Date  04/15/2009	<b>5</b> Payee name Mansfield Area Chamber of Commerce  <b>6</b> Payee address; City; State; Zip Code 114 North Main Mansfield, TX 76063	<b>7</b> Amount (\$)  \$250.00
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**8** Purpose of payment (See instructions regarding type of information required.)  
Donation for 2009 Essay Contest**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  04/16/2009	Payee name Mansfield Area Chamber of Commerce  Payee address; City; State; Zip Code 114 North Main Mansfield, TX 76063	Amount (\$)  \$120.00
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Purpose of payment (See instructions regarding type of information required.)  
Membership dues\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  04/15/2009	Payee name Mansfield ISD Education Foundation  Payee address; City; State; Zip Code 605 East Broad Street Mansfield, TX 76063	Amount (\$)  \$500.00
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Purpose of payment (See instructions regarding type of information required.)  
Academic Recognition Banquet sponsorship donation\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  01/05/2009	Payee name Merchant Account Services  Payee address; City; State; Zip Code P.O. Box 360001 Fort Lauderdale, FL 33336	Amount (\$)  \$19.60
------------------------	---	----------------------------

Purpose of payment (See instructions regarding type of information required.)  
Credit card discounts and fees\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 32/59 Report: 34/72

**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095**4** Date

01/05/2009

**5** Payee name

Merchant Account Services

**7**Amount  
(\$)

\$239.20

**6** Payee address; City; State; Zip CodePO Box 36001  
Fort Lauderdale, FL 33336**8** Purpose of payment (See instructions regarding type of information required.)

Credit card discounts and fees

(If travel outside of Texas, complete Schedule T) ☐**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

Date

01/05/2009

Payee name

Merchant Account Services

Amount  
(\$)

\$468.11

Payee address; City; State; Zip Code

PO Box 36001  
Fort Lauderdale, FL 33336

Purpose of payment (See instructions regarding type of information required.)

Credit card discounts and fees

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

Date

02/04/2009

Payee name

Merchant Account Services

Amount  
(\$)

\$25.00

Payee address; City; State; Zip Code

PO Box 36001  
Fort Lauderdale, FL 33336

Purpose of payment (See instructions regarding type of information required.)

Credit card discounts and fees

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

Date

03/04/2009

Payee name

Merchant Account Services

Amount  
(\$)

\$25.00

Payee address; City; State; Zip Code

PO Box 36001  
Fort Lauderdale, FL 33336

Purpose of payment (See instructions regarding type of information required.)

Credit card discounts and fees

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 33/59 Report: 35/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095

<b>4</b> Date  06/03/2009	<b>5</b> Payee name Merchant Account Services  <b>6</b> Payee address; City; State; Zip Code PO Box 36001 Fort Lauderdale, FL 33336	<b>7</b> Amount (\$)  \$25.00
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**8** Purpose of payment (See instructions regarding type of information required.)  
Credit card discounts and fees**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  06/05/2009	Payee name Metropolitan Black Chamber of Commerce  Payee address; City; State; Zip Code 1150 S. Freeway Suite 211 Fort Worth, TX 76180	Amount (\$)  \$1,500.00
------------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.)  
Annual luncheon sponsorship donation\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  05/11/2009	Payee name Mid-Cities Democrats  Payee address; City; State; Zip Code P.O. Box 271 Bedford, TX 76095	Amount (\$)  \$100.00
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Purpose of payment (See instructions regarding type of information required.)  
Contribution\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  03/26/2009	Payee name NGP Software  Payee address; City; State; Zip Code 1225 Eye Street NW Ste. 125 Washington, DC 20005	Amount (\$)  \$900.00
------------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.)  
Software fees\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 34/59 Report: 36/72

**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095**4** Date

06/17/2009

**5** Payee name

NGP Software

**7**Amount  
(\$)

\$1,050.00

**6** Payee address; City; State; Zip Code1225 Eye Street NW Ste. 125  
Washington, DC 20005**8** Purpose of payment (See instructions regarding type of information required.)

Software fees

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

01/15/2009

Payee name

Nieto, Hector

Amount  
(\$)

\$1,843.55

Payee address; City; State; Zip Code

5701 South Mo-Pac Expressway Apt 1012  
Austin, TX 78749

Purpose of payment (See instructions regarding type of information required.)

Salary

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

01/29/2009

Payee name

Nieto, Hector

Amount  
(\$)

\$1,843.55

Payee address; City; State; Zip Code

5701 South Mo-Pac Expressway Apt 1012  
Austin, TX 78749

Purpose of payment (See instructions regarding type of information required.)

Salary

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

03/01/2009

Payee name

Nieto, Hector

Amount  
(\$)

\$1,843.55

Payee address; City; State; Zip Code

5701 South Mo-Pac Expressway Apt 1012  
Austin, TX 78749

Purpose of payment (See instructions regarding type of information required.)

Salary

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 35/59 Report: 37/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095

<b>4</b> Date  04/01/2009	<b>5</b> Payee name Nieto, Hector  <b>6</b> Payee address; City; State; Zip Code 5701 South Mo-Pac Expressway Apt 1012 Austin, TX 78749	<b>7</b> Amount (\$)  \$1,843.55
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**8** Purpose of payment (See instructions regarding type of information required.)  
Salary**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  04/23/2009	Payee name Nieto, Hector  Payee address; City; State; Zip Code 5701 South Mo-Pac Expressway Apt 1012 Austin, TX 78749	Amount (\$)  \$1,843.55
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Purpose of payment (See instructions regarding type of information required.)  
Salary\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  05/29/2009	Payee name Nieto, Hector  Payee address; City; State; Zip Code 5701 South Mo-Pac Expressway Apt 1012 Austin, TX 78749	Amount (\$)  \$1,843.55
------------------------	--	----------------------------------

Purpose of payment (See instructions regarding type of information required.)  
Salary\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  06/26/2009	Payee name Nieto, Hector  Payee address; City; State; Zip Code 5701 South Mo-Pac Expressway Apt 1012 Austin, TX 78749	Amount (\$)  \$1,843.54
------------------------	--	----------------------------------

Purpose of payment (See instructions regarding type of information required.)  
Salary\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

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Schedule: 36/59 Report: 38/72

**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095**4** Date

02/27/2009

**5** Payee name

Office Depot

**7** Amount  
(\$)

\$3.24

**6** Payee address; City; State; Zip Code401 Carroll Avenue  
Fort Worth, TX 76107**8** Purpose of payment (See instructions regarding type of information required.)

Envelopes

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

04/07/2009

Payee name

Office Depot

Amount  
(\$)

\$38.03

Payee address; City; State; Zip Code

401 Carroll Avenue  
Fort Worth, TX 76107

Purpose of payment (See instructions regarding type of information required.)

Supplies for Town Hall meeting

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

05/14/2009

Payee name

Office Depot

Amount  
(\$)

\$18.39

Payee address; City; State; Zip Code

401 Carroll Avenue  
Fort Worth, TX 76107

Purpose of payment (See instructions regarding type of information required.)

Certificate envelopes

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

05/14/2009

Payee name

Office Depot

Amount  
(\$)

\$18.38

Payee address; City; State; Zip Code

1600 Eastchase Parkway  
Fort Worth, TX 76120

Purpose of payment (See instructions regarding type of information required.)

Binders

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 37/59 Report: 39/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095

<b>4</b> Date  06/03/2009	<b>5</b> Payee name Office Depot  <b>6</b> Payee address; City; State; Zip Code 401 Carroll Avenue Fort Worth, TX 76107	<b>7</b> Amount (\$)  \$14.06
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**8** Purpose of payment (See instructions regarding type of information required.)  
Check binder**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  06/03/2009	Payee name Office Depot  Payee address; City; State; Zip Code 401 Carroll Avenue Fort Worth, TX 76107	Amount (\$)  \$63.49
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Purpose of payment (See instructions regarding type of information required.)  
Office supplies\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  06/04/2009	Payee name Office Depot  Payee address; City; State; Zip Code 401 Carroll Avenue Fort Worth, TX 76107	Amount (\$)  \$10.07
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Purpose of payment (See instructions regarding type of information required.)  
Copies\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  04/23/2009	Payee name Office Max  Payee address; City; State; Zip Code 9600 S. IH 35 Service Road SB Austin, TX 78748	Amount (\$)  \$91.23
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Purpose of payment (See instructions regarding type of information required.)  
Office supplies\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 38/59 Report: 40/72	
2 FILER NAME Davis, Wendy		3 ACCOUNT # (Ethics Commission filers) 00062095	

  

4 Date	5 Payee name Ozarka	7 Amount (\$)
03/02/2009	6 Payee address; City; State; Zip Code 6661 Dixie Highway Suite 4 Louisville, KY 40258	\$145.52

  

8 Purpose of payment (See instructions regarding type of information required.) Office water service  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Ozarka	Amount (\$)
03/24/2009	Payee address; City; State; Zip Code 6661 Dixie Highway Suite 4 Louisville, KY 40258	\$49.92

  

Purpose of payment (See instructions regarding type of information required.) Office water service  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Ozarka	Amount (\$)
04/23/2009	Payee address; City; State; Zip Code 6661 Dixie Highway Suite 4 Louisville, KY 40258	\$46.17

  

Purpose of payment (See instructions regarding type of information required.) Office water service  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Ozarka	Amount (\$)
05/16/2009	Payee address; City; State; Zip Code 6661 Dixie Highway Suite 4 Louisville, KY 40258	\$76.14

  

Purpose of payment (See instructions regarding type of information required.) Office water service  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 39/59 Report: 41/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095

<b>4</b> Date  05/28/2009	<b>5</b> Payee name Ozarka  <b>6</b> Payee address; City; State; Zip Code 6661 Dixie Highway Suite 4 Louisville, KY 40258	<b>7</b> Amount (\$)  \$76.14
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**8** Purpose of payment (See instructions regarding type of information required.)  
Office water service**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  02/16/2009	Payee name Pep Boys  Payee address; City; State; Zip Code 101 West Seminary Fort Worth, TX 76115	Amount (\$)  \$118.96
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Purpose of payment (See instructions regarding type of information required.)  
Truck rental\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  06/10/2009	Payee name Pepper-L Specialties  Payee address; City; State; Zip Code P.O. Box 126653 Fort Worth, TX 76136	Amount (\$)  \$2,266.64
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Purpose of payment (See instructions regarding type of information required.)  
Gifts for Members\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  05/05/2009	Payee name Personalized Promotions  Payee address; City; State; Zip Code 7605 Stoneywood Austin, TX 78731	Amount (\$)  \$683.33
------------------------	--	--------------------------------

Purpose of payment (See instructions regarding type of information required.)  
Imprinted mugs\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 40/59 Report: 42/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095

<b>4</b> Date  02/16/2009	<b>5</b> Payee name Postmaster - USPS  <b>6</b> Payee address; City; State; Zip Code 251 West Lancaster Fort Worth, TX 76102	<b>7</b> Amount (\$)  \$190.00
---------------------------------	---	--------------------------------------

**8** Purpose of payment (See instructions regarding type of information required.)  
Box rental fee**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  03/02/2009	Payee name Pretty Petals N Gifts  Payee address; City; State; Zip Code 13700 Highway 643 Vacherie, LA 70090	Amount (\$)  \$100.00
------------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.)  
Memorial flowers\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  03/16/2009	Payee name Public Storage  Payee address; City; State; Zip Code 1015 Henderson St. Fort Worth, TX 761024520	Amount (\$)  \$170.45
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Purpose of payment (See instructions regarding type of information required.)  
Storage rent\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  04/15/2009	Payee name Public Storage  Payee address; City; State; Zip Code 1015 Henderson St. Fort Worth, TX 761024520	Amount (\$)  \$170.45
------------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.)  
Storage rent\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 41/59 Report: 43/72

**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095**4** Date

05/13/2009

**5** Payee name

Public Storage

**7**Amount  
(\$)

\$162.45

**6** Payee address; City; State; Zip Code1015 Henderson St.  
Fort Worth, TX 761024520**8** Purpose of payment (See instructions regarding type of information required.)

Storage rent

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

06/16/2009

Payee name

Public Storage

Amount  
(\$)

\$178.45

Payee address; City; State; Zip Code

1015 Henderson St.  
Fort Worth, TX 761024520

Purpose of payment (See instructions regarding type of information required.)

Storage rent

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

01/22/2009

Payee name

Ray Wood &amp; Bonilla

Amount  
(\$)

\$1,756.30

Payee address; City; State; Zip Code

2700 Bee Caves Road P.O. Box 165001  
Austin, TX 787165001

Purpose of payment (See instructions regarding type of information required.)

Legal services

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

03/26/2009

Payee name

Re-Elect Frank Moss Campaign

Amount  
(\$)

\$1,000.00

Payee address; City; State; Zip Code

5625 Eisenhower  
Fort Worth, TX 76112

Purpose of payment (See instructions regarding type of information required.)

Contribution

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 42/59 Report: 44/72	
2 FILER NAME Davis, Wendy		3 ACCOUNT # (Ethics Commission filers) 00062095	
4 Date  03/19/2009	5 Payee name Rios  6 Payee address; City; State; Zip Code 504 B Trinity Street Austin, TX 78701	7 Amount (\$)  \$185.11	
8 Purpose of payment (See instructions regarding type of information required.) Staff food and beverage  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
Date  04/07/2009	Payee name Ryan Place Improvement Association  Payee address; City; State; Zip Code P.O. Box 11473 Fort Worth, TX 76110	Amount (\$)  \$125.00	
Purpose of payment (See instructions regarding type of information required.) Advertisement in Home Tour Magazine  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
Date  01/07/2009	Payee name Scheffler, Bernie  Payee address; City; State; Zip Code 127 East Riverside Dr Apt 523 Austin, TX 78704	Amount (\$)  \$288.91	
Purpose of payment (See instructions regarding type of information required.) Salary  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
Date  01/15/2009	Payee name Scheffler, Bernie  Payee address; City; State; Zip Code 127 East Riverside Dr Apt 523 Austin, TX 78704	Amount (\$)  \$1,215.77	
Purpose of payment (See instructions regarding type of information required.) Salary  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 43/59 Report: 45/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095**4** Date  
  
01/29/2009**5** Payee name  
Scheffler, Bernie  
  
**6** Payee address; City; State; Zip Code  
127 East Riverside Dr Apt 523  
Austin, TX 78704**7** Amount  
(\$)  
  
\$1,309.04**8** Purpose of payment (See instructions regarding type of information required.)  
Salary**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:Date  
  
03/01/2009Payee name  
Scheffler, Bernie  
  
Payee address; City; State; Zip Code  
127 East Riverside Dr Apt 523  
Austin, TX 78704Amount  
(\$)  
  
\$1,309.04Purpose of payment (See instructions regarding type of information required.)  
Salary\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:Date  
  
04/01/2009Payee name  
Scheffler, Bernie  
  
Payee address; City; State; Zip Code  
127 East Riverside Dr Apt 523  
Austin, TX 78704Amount  
(\$)  
  
\$1,309.04Purpose of payment (See instructions regarding type of information required.)  
Salary\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:Date  
  
04/23/2009Payee name  
Scheffler, Bernie  
  
Payee address; City; State; Zip Code  
127 East Riverside Dr Apt 523  
Austin, TX 78704Amount  
(\$)  
  
\$1,309.04Purpose of payment (See instructions regarding type of information required.)  
Salary\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 44/59 Report: 46/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095**4** Date  
  
05/29/2009**5** Payee name  
Scheffler, Bernie  
  
**6** Payee address; City; State; Zip Code  
127 East Riverside Dr Apt 523  
Austin, TX 78704**7** Amount  
(\$)  
  
\$1,309.04**8** Purpose of payment (See instructions regarding type of information required.)  
Salary**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date

Payee name  
Scheffler, BernieAmount  
(\$)

06/26/2009

Payee address; City; State; Zip Code  
127 East Riverside Dr Apt 523  
Austin, TX 78704

\$1,309.04

Purpose of payment (See instructions regarding type of information required.)  
Salary\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date

Payee name  
Seliger, KelAmount  
(\$)

05/13/2009

Payee address; City; State; Zip Code  
P.O. Box 12068  
Austin, TX 78711

\$95.00

Purpose of payment (See instructions regarding type of information required.)  
Donation for gift\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date

Payee name  
Senate Ladies ClubAmount  
(\$)

01/16/2009

Payee address; City; State; Zip Code  
P.O. Box 12068  
Austin, TX 78711

\$750.00

Purpose of payment (See instructions regarding type of information required.)  
Reception tickets\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 45/59 Report: 47/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095

<b>4</b> Date  06/11/2009	<b>5</b> Payee name Service Waste  <b>6</b> Payee address; City; State; Zip Code P.O. Box 1195 Fort Worth, TX 76101	<b>7</b> Amount (\$)  \$65.64
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**8** Purpose of payment (See instructions regarding type of information required.)  
Trash service**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  01/07/2009	Payee name Service Waste Inc.  Payee address; City; State; Zip Code P.O. Box 1195 Fort Worth, TX 76101	Amount (\$)  \$69.02
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Purpose of payment (See instructions regarding type of information required.)  
Trash service\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  02/16/2009	Payee name Service Waste Inc.  Payee address; City; State; Zip Code P.O. Box 1195 Fort Worth, TX 761011195	Amount (\$)  \$69.02
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Purpose of payment (See instructions regarding type of information required.)  
Trash service\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  03/16/2009	Payee name Service Waste Inc.  Payee address; City; State; Zip Code P.O. Box 1195 Fort Worth, TX 76101	Amount (\$)  \$67.90
------------------------	---	----------------------------

Purpose of payment (See instructions regarding type of information required.)  
Trash service\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

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**1** PAGE #

Schedule: 46/59 Report: 48/72

**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095**4** Date

04/23/2009

**5** Payee name

Service Waste Inc.

**7**Amount  
(\$)

\$67.90

**6** Payee address; City; State; Zip CodeP.O. Box 1195  
Fort Worth, TX 761011195**8** Purpose of payment (See instructions regarding type of information required.)

Trash service

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

05/17/2009

Payee name

Shapleigh for Senate

Amount  
(\$)

\$76.50

Payee address; City; State; Zip Code

P.O. Box 12068  
Austin, TX 78711

Purpose of payment (See instructions regarding type of information required.)

Donation for end-of-session gift

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

04/24/2009

Payee name

Shrine Circus Fund

Amount  
(\$)

\$75.00

Payee address; City; State; Zip Code

P.O. Box 1113  
Fort Worth, TX 76101

Purpose of payment (See instructions regarding type of information required.)

Donation for Community Sponsor Program

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

03/09/2009

Payee name

Sony Style

Amount  
(\$)

\$1,321.01

Payee address; City; State; Zip Code

11501 Century Oaks  
Austin, TX 78758

Purpose of payment (See instructions regarding type of information required.)

Campaign computer

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 47/59 Report: 49/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095

<b>4</b> Date  05/07/2009	<b>5</b> Payee name South Tarrant County Chamber of Commerce  <b>6</b> Payee address; City; State; Zip Code 6800 Forest Hill Dr. Forest Hill, TX 76140	<b>7</b> Amount (\$)  \$110.00
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**8** Purpose of payment (See instructions regarding type of information required.)  
Membership dues**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  04/07/2009	Payee name Southcliff Baptist Church  Payee address; City; State; Zip Code 4100 SW Loop 820 Fort Worth, TX 76109	Amount (\$)  \$60.00
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Purpose of payment (See instructions regarding type of information required.)  
Hall rental fee\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  01/20/2009	Payee name Spaw Senate Account  Payee address; City; State; Zip Code P.O. Box 12068 Austin, TX 78711	Amount (\$)  \$900.00
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Purpose of payment (See instructions regarding type of information required.)  
Members' Lounge fee\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  03/30/2009	Payee name Sprint  Payee address; City; State; Zip Code 6391 Spring Parkway Overland Park, KS 66251	Amount (\$)  \$276.71
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Purpose of payment (See instructions regarding type of information required.)  
Campaign Internet service\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 48/59 Report: 50/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095

<b>4</b> Date  05/07/2009	<b>5</b> Payee name Sprint  <b>6</b> Payee address; City; State; Zip Code 6391 Spring Parkway Overland Park, KS 66251	<b>7</b> Amount (\$)  \$324.66
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**8** Purpose of payment (See instructions regarding type of information required.)  
Campaign Internet service**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  01/08/2009	Payee name Stadler, Graham  Payee address; City; State; Zip Code 127 East Riverside Dr Apt 324 Austin, TX 78704	Amount (\$)  \$193.16
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Purpose of payment (See instructions regarding type of information required.)  
Salary\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  01/15/2009	Payee name Stadler, Graham  Payee address; City; State; Zip Code 127 East Riverside Dr Apt 324 Austin, TX 78704	Amount (\$)  \$999.58
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Purpose of payment (See instructions regarding type of information required.)  
Salary\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  01/29/2009	Payee name Stadler, Graham  Payee address; City; State; Zip Code 127 East Riverside Dr Apt 324 Austin, TX 78704	Amount (\$)  \$876.67
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Purpose of payment (See instructions regarding type of information required.)  
Salary\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 49/59 Report: 51/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095**4** Date  
  
03/01/2009**5** Payee name  
Stadler, Graham  
  
**6** Payee address; City; State; Zip Code  
127 East Riverside Dr Apt 324  
Austin, TX 78704**7** Amount  
(\$)  
  
\$876.67**8** Purpose of payment (See instructions regarding type of information required.)  
Salary**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:Date  
  
04/01/2009Payee name  
Stadler, Graham  
  
Payee address; City; State; Zip Code  
127 East Riverside Dr Apt 324  
Austin, TX 78704Amount  
(\$)  
  
\$876.67Purpose of payment (See instructions regarding type of information required.)  
Salary\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:Date  
  
04/23/2009Payee name  
Stadler, Graham  
  
Payee address; City; State; Zip Code  
127 East Riverside Dr Apt 324  
Austin, TX 78704Amount  
(\$)  
  
\$876.67Purpose of payment (See instructions regarding type of information required.)  
Salary\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:Date  
  
05/29/2009Payee name  
Stadler, Graham  
  
Payee address; City; State; Zip Code  
127 East Riverside Dr Apt 324  
Austin, TX 78704Amount  
(\$)  
  
\$876.67Purpose of payment (See instructions regarding type of information required.)  
Salary\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 50/59 Report: 52/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095

<b>4</b> Date  06/26/2009	<b>5</b> Payee name Stadler, Graham  <b>6</b> Payee address; City; State; Zip Code 127 East Riverside Dr Apt 324 Austin, TX 78704	<b>7</b> Amount (\$)  \$876.67
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) Salary  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  02/04/2009	Payee name Stage West  Payee address; City; State; Zip Code 821 W. Vickery Fort Worth, TX 76104	Amount (\$)  \$1,500.00
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Purpose of payment (See instructions regarding type of information required.) Sponsorship donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  01/08/2009	Payee name Target  Payee address; City; State; Zip Code 401 Carroll Street Fort Worth, TX 76107	Amount (\$)  \$323.67
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Purpose of payment (See instructions regarding type of information required.) Office supplies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  01/12/2009	Payee name Target  Payee address; City; State; Zip Code 5621 N IH 35 Austin, TX 78723	Amount (\$)  \$74.99
------------------------	--	----------------------------

Purpose of payment (See instructions regarding type of information required.) Office supplies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
--	--

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 51/59 Report: 53/72

**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095**4** Date

01/19/2009

**5** Payee name

Target

**7**Amount  
(\$)

\$1,052.10

**6** Payee address; City; State; Zip Code9500 South Interstate 35 Suite G  
Austin, TX 78748**8** Purpose of payment (See instructions regarding type of information required.)

Office equipment

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

03/17/2009

Payee name

Target

Amount  
(\$)

\$22.51

Payee address; City; State; Zip Code

9500 South Interstate 35 Suite G  
Austin, TX 78748

Purpose of payment (See instructions regarding type of information required.)

Office supplies

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

06/03/2009

Payee name

Target

Amount  
(\$)

\$176.04

Payee address; City; State; Zip Code

301 Carroll Street  
Fort Worth, TX 76107

Purpose of payment (See instructions regarding type of information required.)

Office supplies

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

06/08/2009

Payee name

Target

Amount  
(\$)

\$27.32

Payee address; City; State; Zip Code

301 Carroll Street  
Fort Worth, TX 76107

Purpose of payment (See instructions regarding type of information required.)

Coffee for district office

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 52/59 Report: 54/72

**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095**4** Date

01/29/2009

**5** Payee name

Tarrant County Democratic Party

**7**Amount  
(\$)

\$1,000.00

**6** Payee address; City; State; Zip Code3004 W. Lancaster Ave.  
Fort Worth, TX 76107**8** Purpose of payment (See instructions regarding type of information required.)

Contribution

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

01/26/2009

Payee name

Texas State Senate - Purchasing

Amount  
(\$)

\$15.25

Payee address; City; State; Zip Code

P.O. Box 12068  
Austin, TX 78711

Purpose of payment (See instructions regarding type of information required.)

Texas flag (donated)

**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

01/29/2009

Payee name

Texas State Senate - Purchasing

Amount  
(\$)

\$29.55

Payee address; City; State; Zip Code

P.O. Box 12068  
Austin, TX 78711

Purpose of payment (See instructions regarding type of information required.)

Texas flag (donated)

**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

04/16/2009

Payee name

Texas State Senate - Purchasing

Amount  
(\$)

\$20.25

Payee address; City; State; Zip Code

P.O. Box 12068  
Austin, TX 78711

Purpose of payment (See instructions regarding type of information required.)

Texas flag (donated)

**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 53/59 Report: 55/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095

<b>4</b> Date  01/09/2009	<b>5</b> Payee name The Monarch  <b>6</b> Payee address; City; State; Zip Code 801 West 5th St Austin, TX 78703	<b>7</b> Amount (\$)  \$2,198.25
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**8** Purpose of payment (See instructions regarding type of information required.)  
Rent**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  02/02/2009	Payee name The Monarch  Payee address; City; State; Zip Code 801 W. 5th Street Austin, TX 78703	Amount (\$)  \$2,258.27
------------------------	--	-------------------------------

Purpose of payment (See instructions regarding type of information required.)  
Rent\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  03/03/2009	Payee name The Monarch  Payee address; City; State; Zip Code 801 W. 5th Street Austin, TX 78703	Amount (\$)  \$2,327.76
------------------------	--	-------------------------------

Purpose of payment (See instructions regarding type of information required.)  
Rent\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  04/09/2009	Payee name The Monarch  Payee address; City; State; Zip Code 801 W. 5th Street Austin, TX 78703	Amount (\$)  \$2,439.44
------------------------	--	-------------------------------

Purpose of payment (See instructions regarding type of information required.)  
Rent\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 54/59 Report: 56/72

**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095**4** Date

04/23/2009

**5** Payee name

The Monarch

**7**Amount  
(\$)

\$2,325.99

**6** Payee address; City; State; Zip Code801 W. 5th Street  
Austin, TX 78703**8** Purpose of payment (See instructions regarding type of information required.)

Rent

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

06/02/2009

Payee name

The Monarch

Amount  
(\$)

\$2,332.36

Payee address; City; State; Zip Code

801 W. 5th Street  
Austin, TX 78703

Purpose of payment (See instructions regarding type of information required.)

Rent

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

03/25/2009

Payee name

The Texas Senate

Amount  
(\$)

\$40.50

Payee address; City; State; Zip Code

P.O. Box 12068  
Austin, TX 78711

Purpose of payment (See instructions regarding type of information required.)

Texas flag (donated)

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

06/10/2009

Payee name

The Texas Senate

Amount  
(\$)

\$300.00

Payee address; City; State; Zip Code

P.O. Box 12068  
Austin, TX 78711

Purpose of payment (See instructions regarding type of information required.)

Inadvertent use deposit

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 55/59 Report: 57/72

**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095**4** Date

03/26/2009

**5** Payee name

Time Warner Cable

**7**Amount  
(\$)

\$504.04

**6** Payee address; City; State; Zip CodeP.O. Box 85100  
Austin, TX 787085100**8** Purpose of payment (See instructions regarding type of information required.)

Cable/Internet service

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

05/05/2009

Payee name

Time Warner Cable

Amount  
(\$)

\$507.89

Payee address; City; State; Zip Code

P.O. Box 85100  
Austin, TX 787085100

Purpose of payment (See instructions regarding type of information required.)

Cable/Internet service

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

06/16/2009

Payee name

Time Warner Cable

Amount  
(\$)

\$253.90

Payee address; City; State; Zip Code

P.O. Box 85100  
Austin, TX 787085100

Purpose of payment (See instructions regarding type of information required.)

Cable/Internet service

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

04/03/2009

Payee name

TSU Foundation

Amount  
(\$)

\$1,000.00

Payee address; City; State; Zip Code

2520 Longview Street Ste. 211  
Austin, TX 78705

Purpose of payment (See instructions regarding type of information required.)

Event sponsorship donation

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 56/59 Report: 58/72

**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095**4** Date

02/02/2009

**5** Payee name

TXU Energy

**7**Amount  
(\$)

\$313.90

**6** Payee address; City; State; Zip Code1601 Bryan St.  
Dallas, TX 75201**8** Purpose of payment (See instructions regarding type of information required.)

Utilities

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

03/26/2009

Payee name

TXU Energy

Amount  
(\$)

\$234.12

Payee address; City; State; Zip Code

1601 Bryan St.  
Dallas, TX 75201

Purpose of payment (See instructions regarding type of information required.)

Utilities

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

03/02/2009

Payee name

U.S. Postal Service

Amount  
(\$)

\$3.78

Payee address; City; State; Zip Code

251 West Lancaster  
Fort Worth, TX 76102

Purpose of payment (See instructions regarding type of information required.)

Postage

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

05/11/2009

Payee name

U.S. Postal Service

Amount  
(\$)

\$8.85

Payee address; City; State; Zip Code

251 West Lancaster  
Fort Worth, TX 76102

Purpose of payment (See instructions regarding type of information required.)

Postage

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 57/59 Report: 59/72

**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095**4** Date

05/29/2009

**5** Payee name

U.S. Postal Service

**7**Amount  
(\$)

\$0.17

**6** Payee address; City; State; Zip Code251 West Lancaster  
Fort Worth, TX 76102**8** Purpose of payment (See instructions regarding type of information required.)

Postage

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

01/08/2009

Payee name

USPS

Amount  
(\$)

\$14.65

Payee address; City; State; Zip Code

2600 8th Ave  
Fort Worth, TX 76110

Purpose of payment (See instructions regarding type of information required.)

Postage

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

01/22/2009

Payee name

USPS

Amount  
(\$)

\$43.99

Payee address; City; State; Zip Code

510 Guadalupe St  
Austin, TX 78701

Purpose of payment (See instructions regarding type of information required.)

Postage

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

03/20/2009

Payee name

USPS

Amount  
(\$)

\$17.50

Payee address; City; State; Zip Code

510 Guadalupe St  
Austin, TX 78701

Purpose of payment (See instructions regarding type of information required.)

Postage

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 58/59 Report: 60/72

**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095**4** Date

03/30/2009

**5** Payee name  
USPS**6** Payee address; City; State; Zip Code251 West Lancaster  
Fort Worth, TX 76102**7** Amount  
(\$)

\$129.36

**8** Purpose of payment (See instructions regarding type of information required.)

Postage

(If travel outside of Texas, complete Schedule T) ☐**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

Date

05/13/2009

Payee name  
Watson, Kirk

Payee address; City; State; Zip Code

PO Box 12068  
Austin, TX 78711Amount  
(\$)

\$98.75

Purpose of payment (See instructions regarding type of information required.)

Donation for end-of-session gift

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

Date

05/20/2009

Payee name  
Watson, Kirk

Payee address; City; State; Zip Code

PO Box 12068  
Austin, TX 78711Amount  
(\$)

\$65.00

Purpose of payment (See instructions regarding type of information required.)

Donation for end-of-session gift

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

Date

05/28/2009

Payee name  
Whitmire, John

Payee address; City; State; Zip Code

PO Box 12068  
Austin, TX 78711Amount  
(\$)

\$125.00

Purpose of payment (See instructions regarding type of information required.)

Donation for end-of-session gift

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 59/59 Report: 61/72**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)  
00062095

<b>4</b> Date  01/01/2009	<b>5</b> Payee name Winstead PC  <b>6</b> Payee address; City; State; Zip Code 401 Congress Ave Suite 2100 Austin, TX 78701	<b>7</b> Amount (\$)  \$10,000.00
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**8** Purpose of payment (See instructions regarding type of information required.)  
Legal expenses**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  06/26/2009	Payee name Witschey, Daniel  Payee address; City; State; Zip Code 124 Bellaire Ct Bellaire, TX 77401	Amount (\$)  \$664.92
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Purpose of payment (See instructions regarding type of information required.)  
Salary\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date  01/26/2009	Payee name Womens Policy Forum  Payee address; City; State; Zip Code P.O. Box 11091 Fort Worth, TX 761100091	Amount (\$)  \$75.00
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Purpose of payment (See instructions regarding type of information required.)  
Membership dues\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/11 Report: 62/72

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)  
00062095

<p>4 Date</p> <p>06/30/2009</p>	<p>5 Payee name 219 West</p> <hr/> <p>6 Payee address; City; State; Zip Code 219 West 4th Street Austin, TX 78701</p> <p>7 Purpose of expenditure (See instructions regarding type of information required.) Staff food and beverage</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>8 Amount (\$)</p> <p>\$29.00</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>06/04/2009</p>	<p>Payee name American Airlines</p> <hr/> <p>Payee address; City; State; Zip Code P.O. Box 582820-MD766 Tulsa, OK 74158</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Ticket fee</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$20.00</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>02/07/2009</p>	<p>Payee name Appliance Warehouse</p> <hr/> <p>Payee address; City; State; Zip Code 2225 East Belt Line Road Suite 321 Carrollton, TX 75006</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Appliance lease</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$44.38</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>03/07/2009</p>	<p>Payee name Appliance Warehouse</p> <hr/> <p>Payee address; City; State; Zip Code 2225 East Belt Line Road Suite 321 Carrollton, TX 75006</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Appliance lease</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$44.38</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>04/07/2009</p>	<p>Payee name Appliance Warehouse</p> <hr/> <p>Payee address; City; State; Zip Code 2225 East Belt Line Road Suite 321 Carrollton, TX 75006</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Appliance lease</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$44.38</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/11 Report: 63/72

2 FILER NAME Davis, Wendy

3 ACCOUNT #

(Ethics Commission filers)

00062095

<p>4 Date</p> <p>05/07/2009</p>	<p>5 Payee name Appliance Warehouse</p> <hr/> <p>6 Payee address; City; State; Zip Code 2225 East Belt Line Road Suite 321 Carrollton, TX 75006</p> <p>7 Purpose of expenditure (See instructions regarding type of information required.) Appliance lease</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>8 Amount (\$)</p> <p>\$44.38</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>06/07/2009</p>	<p>Payee name Appliance Warehouse</p> <hr/> <p>Payee address; City; State; Zip Code 2225 East Belt Line Road Suite 321 Carrollton, TX 75006</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Appliance lease</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$44.38</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>01/11/2009</p>	<p>Payee name AT&amp;T</p> <hr/> <p>Payee address; City; State; Zip Code 1801 Valley View Ln Dallas, TX 75234</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Cell phone service</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$291.76</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>02/12/2009</p>	<p>Payee name AT&amp;T</p> <hr/> <p>Payee address; City; State; Zip Code 1801 Valley View Ln Dallas, TX 75234</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Cell phone service</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$291.76</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>04/13/2009</p>	<p>Payee name AT&amp;T</p> <hr/> <p>Payee address; City; State; Zip Code 1801 Valley View Ln Dallas, TX 75234</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Cell phone service</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$291.76</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/11 Report: 64/72

2 FILER NAME Davis, Wendy

3 ACCOUNT #

(Ethics Commission filers)

00062095

<p>4 Date</p> <p>05/12/2009</p>	<p>5 Payee name AT&amp;T</p> <hr/> <p>6 Payee address; City; State; Zip Code 1801 Valley View Ln Dallas, TX 75234</p> <p>7 Purpose of expenditure (See instructions regarding type of information required.) Cell phone service</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>8 Amount (\$)</p> <p>\$291.76</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>06/13/2009</p>	<p>Payee name AT&amp;T</p> <hr/> <p>Payee address; City; State; Zip Code 1801 Valley View Ln Dallas, TX 75234</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Cell phone service</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$291.76</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>04/23/2009</p>	<p>Payee name Chevron</p> <hr/> <p>Payee address; City; State; Zip Code 400 South Congress Ave Austin, TX 78704</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Fuel</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$62.00</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>06/16/2009</p>	<p>Payee name Chevron</p> <hr/> <p>Payee address; City; State; Zip Code 400 South Congress Ave Austin, TX 78704</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Fuel</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$70.27</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>01/08/2009</p>	<p>Payee name Constant Contact</p> <hr/> <p>Payee address; City; State; Zip Code 1601 Trapelo Road Suite 329 Waltham, MA 02451</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Campaign email service</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$85.00</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/11 Report: 65/72

2 FILER NAME Davis, Wendy

3 ACCOUNT #

(Ethics Commission filers)

00062095

<p>4 Date</p> <p>02/08/2009</p>	<p>5 Payee name Constant Contact</p> <hr/> <p>6 Payee address; City; State; Zip Code 1601 Trapelo Road Suite 329 Waltham, MA 02451</p> <p>7 Purpose of expenditure (See instructions regarding type of information required.) Campaign email service</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>8 Amount (\$)</p> <p>\$85.00</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>03/08/2009</p>	<p>Payee name Constant Contact</p> <hr/> <p>Payee address; City; State; Zip Code 1601 Trapelo Road Suite 329 Waltham, MA 02451</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Campaign email service</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$85.00</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>04/08/2009</p>	<p>Payee name Constant Contact</p> <hr/> <p>Payee address; City; State; Zip Code 1601 Trapelo Road Suite 329 Waltham, MA 02451</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Campaign email service</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$85.00</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>05/08/2009</p>	<p>Payee name Constant Contact</p> <hr/> <p>Payee address; City; State; Zip Code 1601 Trapelo Road Suite 329 Waltham, MA 02451</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Campaign email service</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$164.69</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>06/08/2009</p>	<p>Payee name Constant Contact</p> <hr/> <p>Payee address; City; State; Zip Code 1601 Trapelo Road Suite 329 Waltham, MA 02451</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Campaign email service</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$164.69</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 5/11 Report: 66/72

2 FILER NAME Davis, Wendy

3 ACCOUNT #

(Ethics Commission filers)

00062095

<p>4 Date</p> <p>05/10/2009</p>	<p>5 Payee name Cru</p> <hr/> <p>6 Payee address; City; State; Zip Code 238 West 2nd Street Unit 13 Austin, TX 78701</p> <p>7 Purpose of expenditure (See instructions regarding type of information required.) Staff food and beverage</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>8 Amount (\$)</p> <p>\$142.59</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>05/18/2009</p>	<p>Payee name Cru</p> <hr/> <p>Payee address; City; State; Zip Code 238 West 2nd Street Unit 13 Austin, TX 78701</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Staff food and beverage</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$467.54</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>06/05/2009</p>	<p>Payee name DFW Taxi and Limo Service</p> <hr/> <p>Payee address; City; State; Zip Code 304 Cobblestone Drive Wylie, TX 75098</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Cabfare</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$70.95</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>03/19/2009</p>	<p>Payee name Eddie Vs</p> <hr/> <p>Payee address; City; State; Zip Code 301 5th Street Austin, TX 78701</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Staff food and beverage</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$272.55</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>04/09/2009</p>	<p>Payee name Hula Hut</p> <hr/> <p>Payee address; City; State; Zip Code 2826 Lake Austin Boulevard Austin, TX 78703</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Staff food and beverage</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$263.32</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 6/11 Report: 67/72

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)  
00062095

<p>4 Date</p> <p>03/27/2009</p>	<p>5 Payee name Jack Taxi Service</p> <hr/> <p>6 Payee address; City; State; Zip Code 2523 Las Villas Ave Dallas, TX 75211</p> <p>7 Purpose of expenditure (See instructions regarding type of information required.) Cabfare</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>8 Amount (\$)</p> <p>\$66.65</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>05/08/2009</p>	<p>Payee name Joes Bar and Grill</p> <hr/> <p>Payee address; City; State; Zip Code 106 East 6th Street Suite 35 Austin, TX 78701</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Staff food and beverage</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$247.33</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>06/02/2009</p>	<p>Payee name Kerbey Lane Cafi</p> <hr/> <p>Payee address; City; State; Zip Code 3704 Kerbey Lane Austin, TX 78731</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Staff food and beverage</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$91.36</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>04/18/2009</p>	<p>Payee name Macs Bar and Grill</p> <hr/> <p>Payee address; City; State; Zip Code 6077 West IH-20 Arlington, TX 76016</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Staff food and beverage</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$117.52</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>03/20/2009</p>	<p>Payee name Maiko Sushi Lounge</p> <hr/> <p>Payee address; City; State; Zip Code 311 West 6th Street Austin, TX 78701</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Staff food and beverage</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$172.44</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)  
00062095

<p>4 Date</p> <p>01/21/2009</p>	<p>5 Payee name Malaga</p> <hr/> <p>6 Payee address; City; State; Zip Code 440 West 2nd Street Austin, TX 78701</p> <p>7 Purpose of expenditure (See instructions regarding type of information required.) Staff food and beverage</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>8 Amount (\$)</p> <p>\$115.46</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>04/22/2009</p>	<p>Payee name Mothers Against Drunk Driving</p> <hr/> <p>Payee address; City; State; Zip Code 511 East John Carpenter Freeway Irving, TX 75062</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Donation</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$250.00</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>01/23/2009</p>	<p>Payee name Park Hill Cafi</p> <hr/> <p>Payee address; City; State; Zip Code 2974 Park Hill Drive Fort Worth, TX 76109</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Staff food and beverage</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$63.48</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>05/28/2009</p>	<p>Payee name Party City</p> <hr/> <p>Payee address; City; State; Zip Code 10713 Ranch Road North Suite 201 Austin, TX 78726</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Supplies for end-of-session gifts</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$52.13</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>01/25/2009</p>	<p>Payee name Pilot Gas Station</p> <hr/> <p>Payee address; City; State; Zip Code 8055 S 1-35 Highway Robinson, TX 76706</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Fuel</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$7.23</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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**2** FILER NAME Davis, Wendy

**3** ACCOUNT # (Ethics Commission filers)  
00062095

<b>4</b> Date  04/13/2009	<b>5</b> Payee name Sears ..... <b>6</b> Payee address; City; State; Zip Code 1000 East 4th Street Austin, TX 78751 <b>7</b> Purpose of expenditure (See instructions regarding type of information required.) Vacuum  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>8</b> Amount (\$)  \$174.14  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date  01/19/2009	Payee name Serranos ..... Payee address; City; State; Zip Code 1111 Red River St Austin, TX 78701 Purpose of expenditure (See instructions regarding type of information required.) Staff food and beverage  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$)  \$135.69  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date  01/06/2009	Payee name Shell Oil ..... Payee address; City; State; Zip Code 2004 Bellmead Dr Waco, TX 76750 Purpose of expenditure (See instructions regarding type of information required.) Fuel  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$)  \$51.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date  02/08/2009	Payee name Shell Oil ..... Payee address; City; State; Zip Code 414 East Seminary Drive Fort Worth, TX 76115 Purpose of expenditure (See instructions regarding type of information required.) Fuel  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$)  \$52.65  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date  01/08/2009	Payee name Simple Human ..... Payee address; City; State; Zip Code 1901 South Vermont Avenue Torrance, CA 90502 Purpose of expenditure (See instructions regarding type of information required.) Trashcans  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$)  \$83.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

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Schedule: 9/11 Report: 70/72

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)  
00062095

<p>4 Date</p> <p>03/15/2009</p>	<p>5 Payee name Snow Pea</p> <hr/> <p>6 Payee address; City; State; Zip Code 3706 Jefferson Street Austin, TX 78731</p> <p>7 Purpose of expenditure (See instructions regarding type of information required.) Staff food and beverage</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>8 Amount (\$)</p> <p>\$200.47</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>03/29/2009</p>	<p>Payee name Taverna</p> <hr/> <p>Payee address; City; State; Zip Code 258 West 2nd Street Austin, TX 78701</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Staff food and beverage</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$320.19</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>01/15/2009</p>	<p>Payee name Texaco</p> <hr/> <p>Payee address; City; State; Zip Code 919 General Bruce Dr Temple, TX 76504</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Fuel</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$49.20</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>01/25/2009</p>	<p>Payee name Texaco</p> <hr/> <p>Payee address; City; State; Zip Code 919 General Bruce Dr Temple, TX 76504</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Fuel</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$45.50</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>01/31/2009</p>	<p>Payee name Texaco</p> <hr/> <p>Payee address; City; State; Zip Code 919 North General Bruce Drive Temple, TX 76504</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Fuel</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$40.21</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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Schedule: 10/11 Report: 71/72

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)  
00062095

<p>4 Date</p> <p>03/20/2009</p>	<p>5 Payee name The Belmont</p> <hr/> <p>6 Payee address; City; State; Zip Code 305 West 6th Street Austin, TX 78701</p> <p>7 Purpose of expenditure (See instructions regarding type of information required.) Staff food and beverage</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>8 Amount (\$)</p> <p>\$246.10</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>02/18/2009</p>	<p>Payee name Thundercloud Subs</p> <hr/> <p>Payee address; City; State; Zip Code 201 East Riverside Drive Austin, TX 78704</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Staff food and beverage</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$20.90</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>02/26/2009</p>	<p>Payee name Thundercloud Subs</p> <hr/> <p>Payee address; City; State; Zip Code 201 East Riverside Drive Austin, TX 78704</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Staff food and beverage</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$15.61</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>05/31/2009</p>	<p>Payee name Tiffs Treats</p> <hr/> <p>Payee address; City; State; Zip Code 1806 Nueces Street Austin, TX 78701</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Staff food and beverage</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$47.36</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>01/19/2009</p>	<p>Payee name Uchi</p> <hr/> <p>Payee address; City; State; Zip Code 801 South Lamar Blvd Austin, TX 78704</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Staff food and beverage</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$440.89</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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2 FILER NAME      Davis, Wendy		3 ACCOUNT #      (Ethics Commission filers) 00062095
4 Date  05/18/2009	<div>5 Payee name USAA</div> <hr/> <div>6 Payee address;      City;    State;    Zip Code P.O. Box 659464 San Antonio, TX 78265</div> <hr/> <div>7 Purpose of expenditure (See instructions regarding type of information required.) Campaign vehicle insurance  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></div>	<div>8 Amount (\$)  \$669.56</div>  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date  03/01/2009	<div>Payee name Vespaio</div> <hr/> <div>Payee address;      City;    State;    Zip Code 1610 South Congress Austin, TX 78704</div> <hr/> <div>Purpose of expenditure (See instructions regarding type of information required.) Staff food and beverage  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></div>	<div>Amount (\$)  \$133.84</div>  <input checked="" type="checkbox"/> Reimbursement from political contributions intended